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|                             |                                       |              |                        |                                 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|
| SERIAL NUMBER<br>10/688,391 | FILING DATE<br>10/17/2003<br><br>RULE | CLASS<br>700 | GROUP ART UNIT<br>2125 | ATTORNEY DOCKET<br>NO.<br>P6809 |
|-----------------------------|---------------------------------------|--------------|------------------------|---------------------------------|

## APPLICANTS

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OK MMB

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

OK MMB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* SMALL ENTITY \*\*

\*\* 01/24/2004

|  |                              |                                    |                       |                            |
|--|------------------------------|------------------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>IL    | SHEETS<br>DRAWING<br>6             | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | Verified and<br>Acknowledged | Examiner's Signature<br><i>MMB</i> | Initials              |                            |

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## TITLE

Accurate blending module and method

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>450 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit _____ |
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